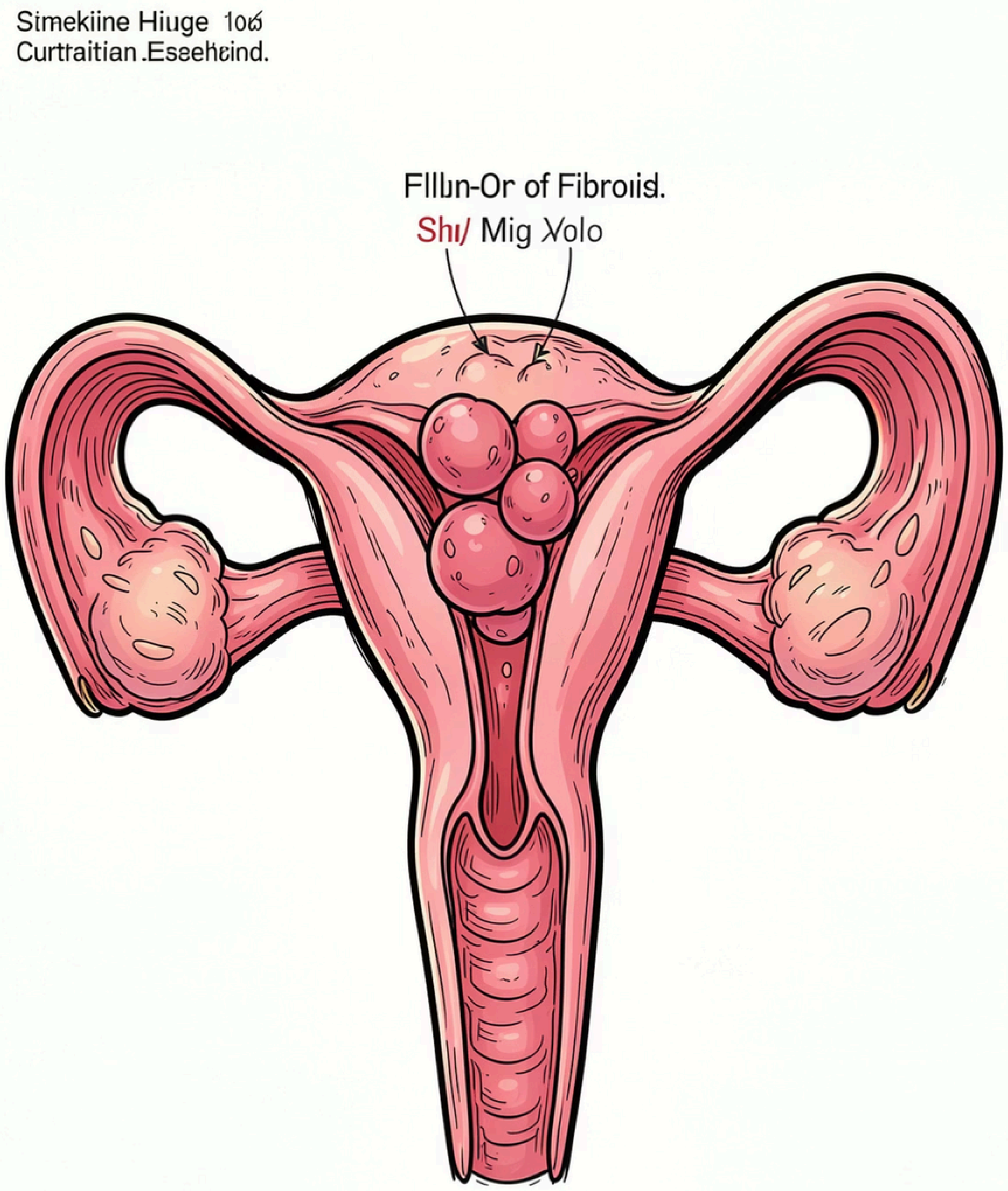
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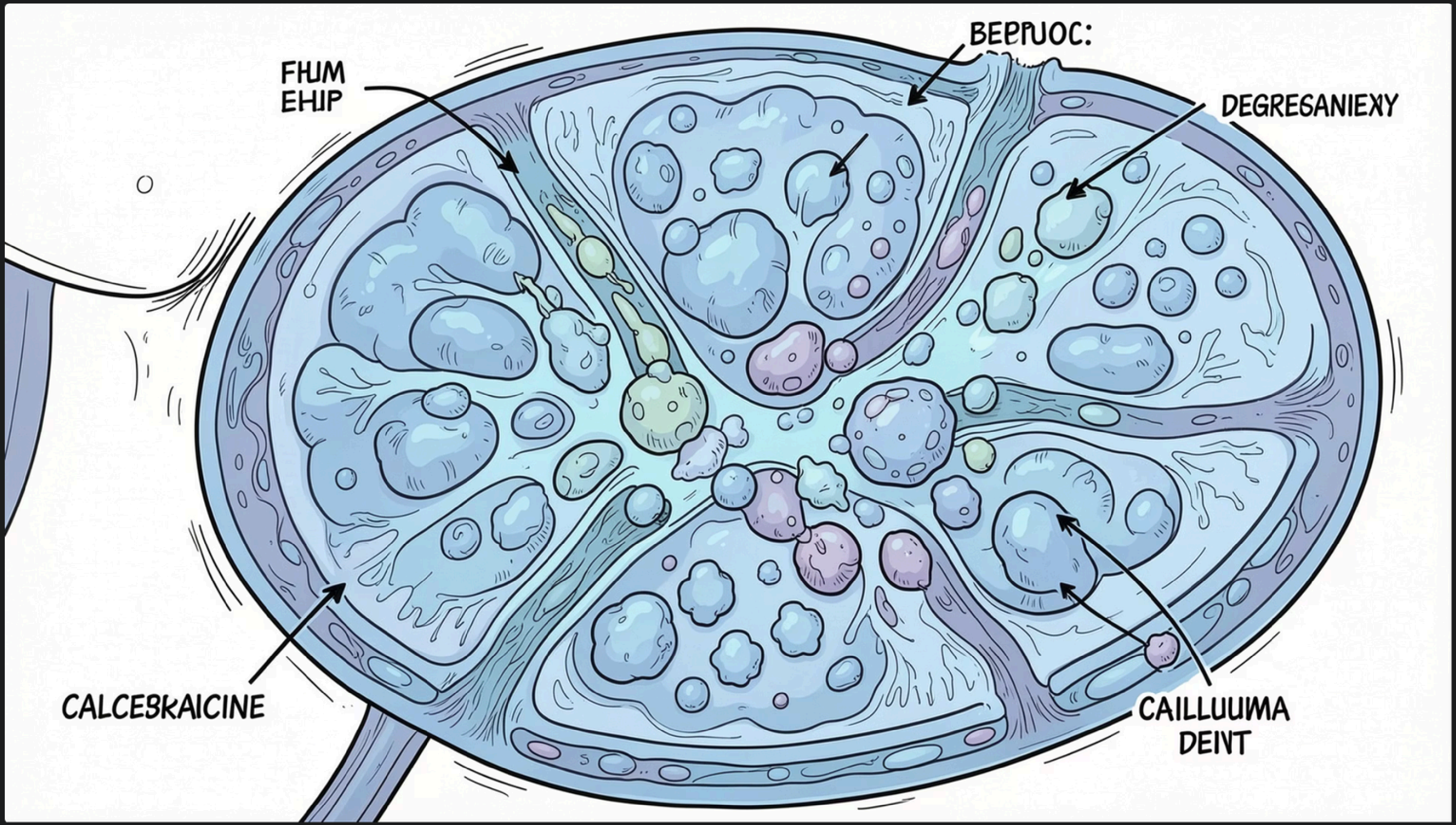
Calcified Uterine Fibroids

Uterine fibroids (leiomyomas) are benign tumors affecting **20–40%** of women in their reproductive years. Cancerous fibroids are very rare (~0.4%). When left untreated, fibroids can mineralize with calcium deposits — hardening like a rock. This is what we call a **calcified fibroid**.

Why Do Fibroids Calcify?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Blood Supply Deprivation

Fibroids can outgrow their blood supply, causing the center to degenerate and calcify while the outer portion remains active.

Menopause & Age

Calcification is far more common in postmenopausal women, as fibroid degeneration accelerates during menopause.

Risks of Calcified Fibroids

⚠️ Persistent Symptoms

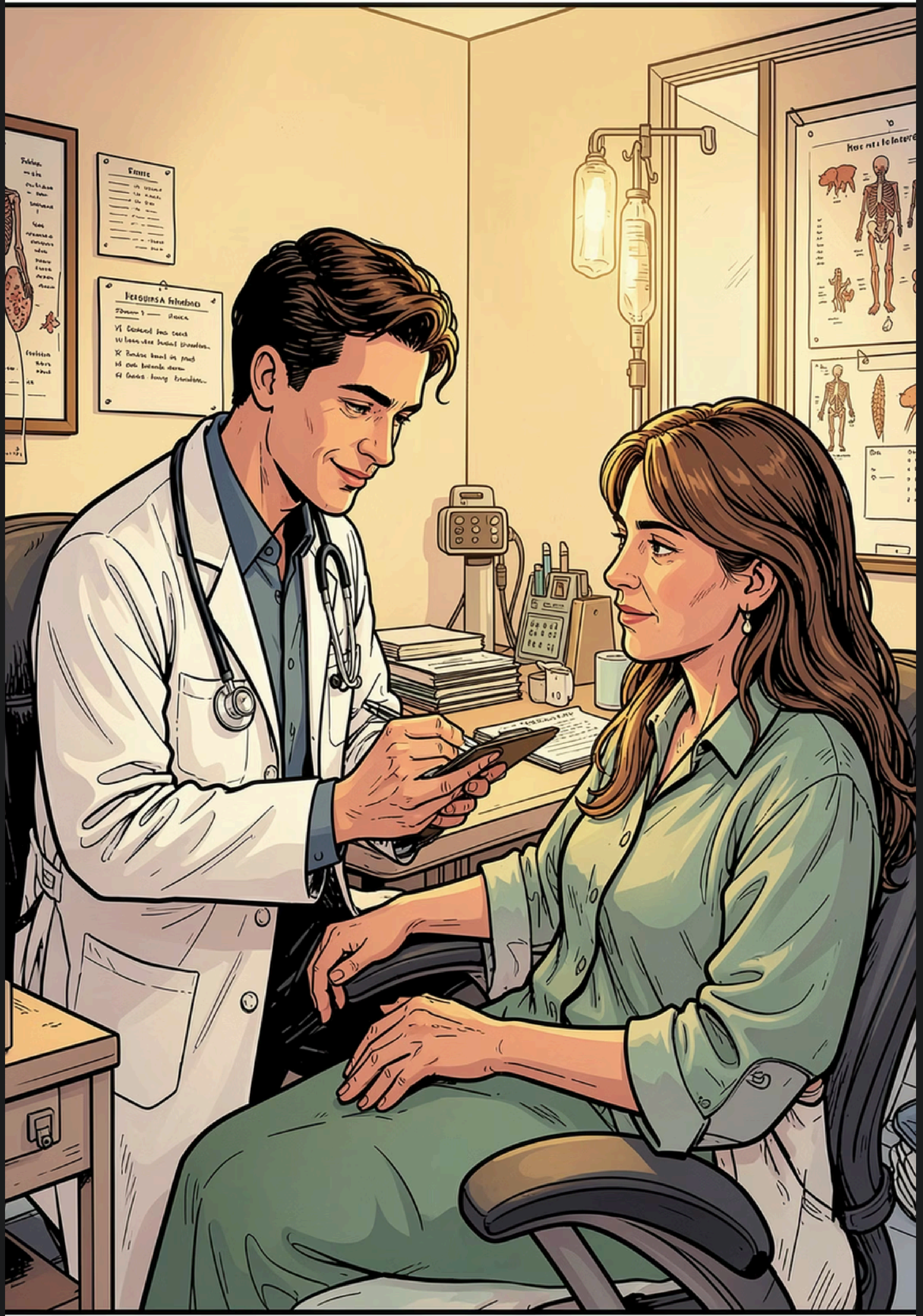
Bleeding may resolve at menopause, but urinary frequency and pelvic pressure **will not** if fibroids calcify.

🔬 Harder to Treat

More calcification means fewer options. UFE and myomectomy become less effective.

🏥 Hysterectomy Risk

Postmenopausal patients with calcified fibroids may have **no option other than hysterectomy** — a major surgery with long recovery.



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Symptoms & Diagnosis

Symptoms

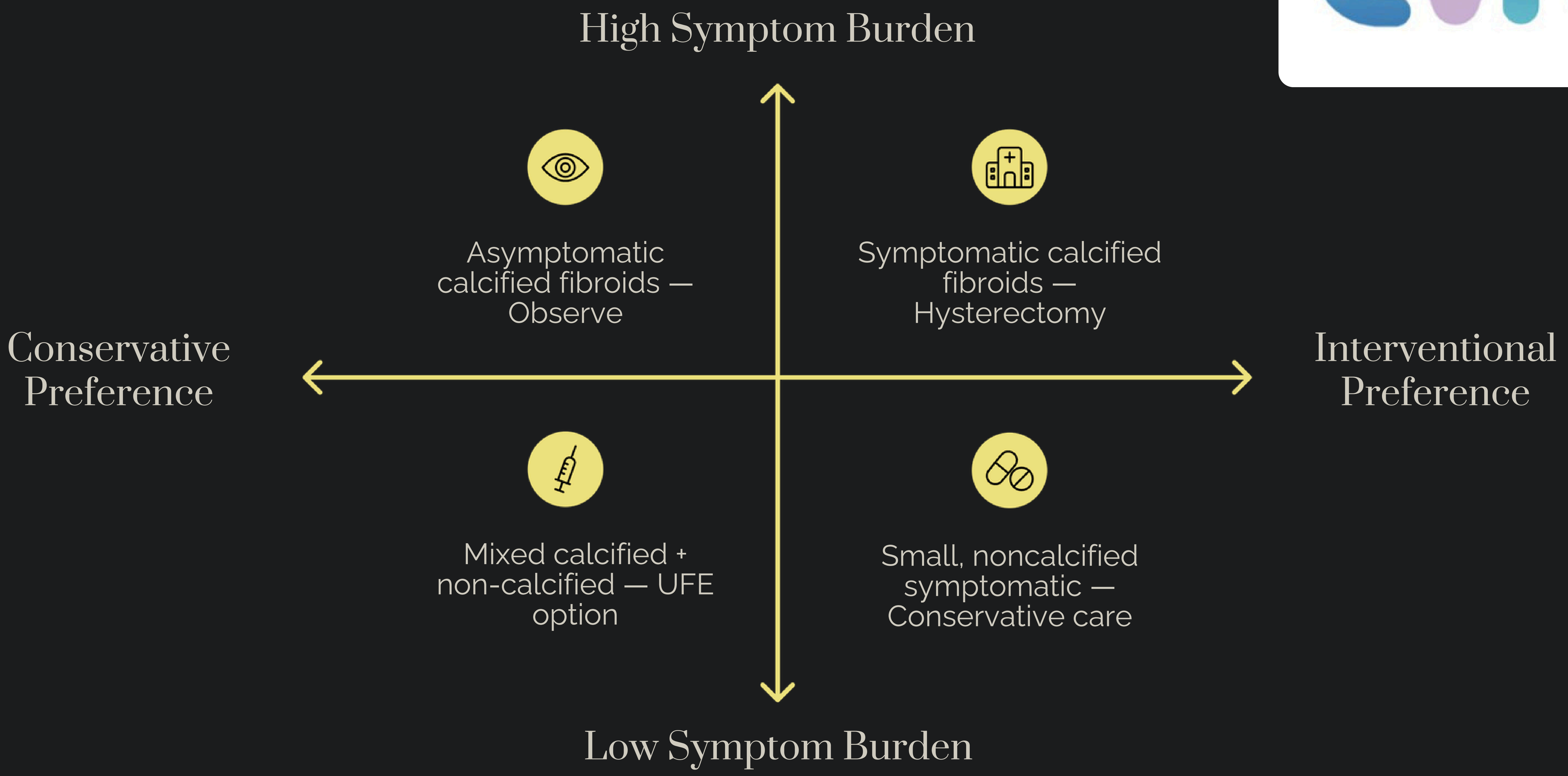
A fully calcified fibroid causes no pain or bleeding but acts as a **space-occupying mass**:

- Pelvic pressure & abdominal distention
- Urinary frequency & constipation
- Bloating; pressure on pelvic nerves and veins

Diagnosis

Fibroids are diagnosed via **ultrasound or MRI**. For postmenopausal patients, **pelvic X-rays** are essential — they clearly show mineralization and confirm calcification before treatment decisions are made.

Treatment & Prevention



High Symptom Burden

Asymptomatic calcified fibroids — Observe

Symptomatic calcified fibroids — Hysterectomy

Conservative Preference

Interventional Preference

Mixed calcified + non-calcified — UFE option

Small, noncalcified symptomatic — Conservative care

Low Symptom Burden

Treatment depends on symptoms, imaging, and patient preference. The best prevention? Don't wait for menopause if you have large, symptomatic fibroids — they will calcify. **Uterine artery embolization (UFE)** is a proven outpatient procedure that shrinks fibroids and resolves symptoms *before* menopause, eliminating hysterectomy risk.

Why California Fibroid Center?

~90% Patient Satisfaction

Nearly 90% of UFE patients report significant improvement. Fibroids shrink **40–60%** by 6 months.

Specialized Expertise

Our specialist performs high-volume embolizations across complex organs — kidney, liver, lung — ensuring safe, effective fibroid care.

Latest Techniques

We stay current with research and patient feedback, bringing the newest technology and refined care protocols to every patient.

California Fibroid Center

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